

**MANAGEMENT**  
**PHILIP MORRIS USA**  
**PERFORMANCE REVIEW FORM**

NAME:	TITLE:
SS#:	PERIOD COVERED:

1. **BUSINESS RESULTS:** Describe results against objectives. (Attach business plan as needed.)

**DIVERSITY/AFFIRMATIVE ACTION RESULTS:** Describe results against objectives.

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## MANAGEMENT

### 2. COMPETENCIES:

- a. Select at least two competencies for this individual that contribute most to the positive results he or she achieves. Support with behavioral examples.
- b. Select at least two competencies that, if developed further, would contribute most to this individual's effectiveness in the organization. These need not be the lowest rated competencies. Support with behavioral examples.
- c. Check appropriate boxes.

	HD (Highly Developed)	MD (Moderately Developed)	UD (Under Developed)
Business Integration (BI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative (I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Ability (IA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Accountability (MA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Astuteness (OA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Management (PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Orientation (WO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d. You may briefly comment on any other competency not addressed in 2a or 2b above.

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3. **MANAGERIAL, PROFESSIONAL, TECHNICAL SPECIFICATIONS:** List strengths and development needs regarding technical requirements for this individual.
4. **CONTINUOUS IMPROVEMENT:** Discuss per guidelines; support with behavioral examples.
5. **CRITICAL WORKING RELATIONSHIPS:** Discuss per guidelines; support with behavioral examples.

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## Overall Performance for:

Based on the performance summary captured on the previous pages, check the appropriate box to reflect performance in each category.

	Needs Improvement	Significant Contribution	Consistently Outstanding
Business Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Working Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Rating:

**Consistently Outstanding:** This rating typically recognizes **consistently outstanding** performance by an employee in all five components. For example:

- Exceeds requirements even on the most difficult and complex aspects of the job.
- Consistently accomplishes more than expected.
- Markedly improves prior practices or develops new approaches.
- Able to take on additional assignments without affecting other work.

**Significant Contribution:** This rating typically recognizes contributors whose overall performance makes a **significant contribution** to the department or whose performance may exceed the requirements in some work components. For example:

- Can independently handle almost any position requirement.
- Demonstrates commitment to continuous improvement by improving ways job duties are performed.
- Completes work and projects on schedule and in appropriate quality and quantity.

**Needs Improvement:** this rating is typically made when an employee has difficulty delivering expected results on a consistent basis or when performance in some components is not up to expectations. For example:

- is capable in most position requirements.
- Excessive supervision required; may repeat errors.
- Consistently **needs improvement** in quantity, quality, consistency, and/or timeliness of work.

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Development Plan for: \_\_\_\_\_ Date: \_\_\_\_\_

List **Action Plans** to improve performance in the coming year:

Objectives: Key Areas for Development	Manager's Action Plans/Target Dates of Completion	Employee's Action Plans/Target Dates of Completion

(Use extra sheet if necessary)

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Appraiser's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Next Level of Approval:

Date:

Human Resources  
Level of Approval:

Date:

Employee Signature: \_\_\_\_\_

Date:

You are requested to sign on the line above to indicate that you have had an opportunity to review and discuss your performance review with your supervisor. Your signature does not indicate that you agree with the review.

Please feel free to make comments regarding this performance appraisal in the space provided below. (The employee is not required to write in this space.)

Employee Comments:

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